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PTO/SB/05 (4/98)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

**Commissioner for Patents**ADDRESS TO: **Box Patent Application**  
**Washington, D.C. 20231**

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)

2.  Specification Total Pages [21]  
(preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3.  Drawing(s) (35 USC 113) Total Sheets [5]

4. Oath or Declaration Total pages []

a.  Newly executed (original or copy)  
b.  Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 16 completed)

i.  **DELETION OF INVENTORS**

Signed statement attached deleting  
inventor(s) named in the prior  
application, see 37 CFR §§1.63(d)(2) and  
1.33(b).

5.  Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- a.  Computer Readable copy
- b.  Paper Copy (identical to computer copy)
- c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7.  Assignment Papers (cover sheet & document(s))

8.  37 CFR 3.73(b) Statement  Power of Attorney  
(when there is an assignee)

9.  English Translation Document (if applicable)

10.  Information Disclosure  Copies of IDS  
Statement (IDS)/PTO-1449 Citations

11.  Preliminary Amendment

12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

13.  \*Small Entity  Statement filed in prior application  
Statement(s) Status still proper and desired

14.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

15.  Other: .....

.....

.....

.....

\* **NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY  
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS  
REQUIRED (37 C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR  
APPLICATION IS RELIED UPON (37 C.F.R. §1.28).**

16. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in the preliminary amendment:

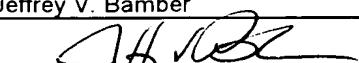
Continuation  Divisional  Continuation-in-part (CIP) of prior application No. /

Prior application information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For **CONTINUATION or DIVISIONAL** only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

|  |                                   |                                     |              |          |              |
|--|-----------------------------------|-------------------------------------|--------------|----------|--------------|
| [ ] Customer Number or Bar Code Label<br>(Insert Customer No. or Attach bar code label here) |                                   | or [ ] Correspondence address below |              |          |              |
| NAME   | Jeffrey V. Bamber                 |                                     |              |          |              |
|  | The Procter & Gamble Company      |                                     |              |          |              |
| ADDRESS  | Winton Hill Technical Center      |                                     |              |          |              |
|  | 6100 Center Hill Avenue - Box 120 |                                     |              |          |              |
| CITY   | Cincinnati                        | STATE                               | Ohio         | ZIP CODE | 45224        |
| COUNTRY  | USA                               | TELEPHONE                           | 513-634-2727 | FAX      | 513-634-3612 |

|                   |   |                                   |         |
|-------------------|---|-----------------------------------|---------|
| Name (Print/Type) | Jeffrey V. Bamber   | Registration No. (Attorney/Agent) | 31,148  |
| Signature         |  | Date                              | 9/20/00 |

+ Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

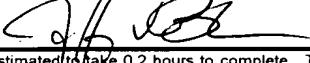
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# FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§1.27 and 1.28.

|   |        |                      |                       |
|---|--------|----------------------|-----------------------|
| FEE TRANSMITTAL<br>for FY 2000  |        | Complete if Known    |                       |
| <p>Patent fees are subject to annual revision.<br/>Small Entity payments <u>must</u> be supported by a small entity statement,<br/>otherwise large entity fees must be paid. See Forms PTO/SB/09-12.<br/>See 37 C.F.R. §§1.27 and 1.28.</p> |        | Application Number   | To Be Assigned        |
|   |        | Filing Date          | September 20, 2000    |
|   |        | First Named Inventor | Steven Barrett Rogers |
|   |        | Examiner Name        |                       |
|   |        | Group/Art Unit       |                       |
| TOTAL AMOUNT OF PAYMENT      (\$)   | 846.00 | Attorney Docket No.. | 8255                  |

|  |                             |  |                            |  |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
|--|-----------------------------|--|----------------------------|--|----------------------------|----------------------|-----------------|--------------|---------------|---------------|-----|-----|-------------------------------------|--------------------------|-----|-----------------------------|-----|-----|--|--------------------------|-------------------|-----|-----|-----|---------------------------|--------------------------|-----|-------|-----|-------|--|--------------------------|-----|------|-----|------------------------|--|--------------------------|-----|--------|--------------|----------|---|--------------------------|-----|----------|--------------|---------------|--|--------------------------|-----|--------------------|-------------|-------|--|--------------------------|-------------------------------|-----|-----|-----|--|---|-----|-------|-----|-----|--|--------------------------|-----------------|-------|-----|---------------|--|--------------------------|-----------------|-----|-----|-----|------------------|--------------------------|------------------------|-----|-----|-----|--|-----------------------------------|-----|-----|-----|-----|---------------------------------------|--------------------------|-----|-------|-----|---|---|--------------------------|-----|-----|---|---------------------|----------------------------------|--------------------------|-----|--------------|--------------------|-----|------------------------------------|--------------------------|-----|-------|-----|-----|--------------------------------|--------------------------|-----|-----|-----|-----|------------------|--------------------------|-----|-----|-----|-----|-----------------|--------------------------|-----|-----|-----|-----|-------------------------------|--------------------------|-----|----|-----|----|---|--------------------------|-----|-----|-----|-----|-------------------|--------------------------|-----|----|-----|----|--|--------------------------|-----|-----|-----|-----|---|--------------------------|-----|-----|-----|-----|--|--------------------------|---------------------------|--|--|--|--|--------------------------|---------------------------|--|--|--|--|--------------------------|
| METHOD OF PAYMENT (check one)  | FEE CALCULATION (continued) |  |                            |  |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <b>16-2480</b><br/>       Deposit Account Name <b>The Procter &amp; Gamble Company</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee <input type="checkbox"/> Charge the Issue Fee Set in<br/>Required Under 37 C.F.R. §1.18 at the Mailing<br/>37 C.F.R. §§1.16 and 1.17 of the Notice of Allowance</p> <p><input checked="" type="checkbox"/> Payment Enclosed:<br/> <input type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>   |                             |  |                            |  |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| <p><b>FEE CALCULATION</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 20%; text-align: left; padding: 2px;">1. BASIC FILING FEE</td> <td colspan="2" style="width: 20%; text-align: left; padding: 2px;">Fee Description</td> <td style="width: 20%; text-align: left; padding: 2px;">Fee Paid</td> </tr> <tr> <td style="width: 10%; text-align: left; padding: 2px;">Large Entity</td> <td style="width: 10%; text-align: left; padding: 2px;">Small Entity</td> <td style="width: 10%; text-align: left; padding: 2px;">Fee Code (\$)</td> <td style="width: 10%; text-align: left; padding: 2px;">Fee Code (\$)</td> <td style="width: 10%; text-align: left; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">101</td> <td style="padding: 2px;">690</td> <td style="padding: 2px;">201</td> <td style="padding: 2px;">345</td> <td style="padding: 2px;">Utility filing fee [690.00]</td> </tr> <tr> <td style="padding: 2px;">106</td> <td style="padding: 2px;">310</td> <td style="padding: 2px;">206</td> <td style="padding: 2px;">155</td> <td style="padding: 2px;">Design filing fee</td> </tr> <tr> <td style="padding: 2px;">107</td> <td style="padding: 2px;">480</td> <td style="padding: 2px;">207</td> <td style="padding: 2px;">240</td> <td style="padding: 2px;">Plant filing fee</td> </tr> <tr> <td style="padding: 2px;">108</td> <td style="padding: 2px;">690</td> <td style="padding: 2px;">208</td> <td style="padding: 2px;">345</td> <td style="padding: 2px;">Reissue filing fee</td> </tr> <tr> <td style="padding: 2px;">114</td> <td style="padding: 2px;">150</td> <td style="padding: 2px;">214</td> <td style="padding: 2px;">75</td> <td style="padding: 2px;">Provisional filing fee</td> </tr> <tr> <td colspan="4" style="text-align: right; padding: 2px;"><b>SUBTOTAL (1)</b></td> <td style="padding: 2px;">(\$)[690.00]</td> </tr> </table> <p>2. EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 20%; text-align: left; padding: 2px;">Fee From</td> <td colspan="2" style="width: 20%; text-align: left; padding: 2px;">Fee Description</td> <td style="width: 20%; text-align: left; padding: 2px;">Fee Paid</td> </tr> <tr> <td style="width: 10%; text-align: left; padding: 2px;">Total Claims</td> <td style="width: 10%; text-align: left; padding: 2px;">[16] - 20** =</td> <td style="width: 10%; text-align: left; padding: 2px;">[] x</td> <td style="width: 10%; text-align: left; padding: 2px;">[] = []</td> <td style="width: 10%; text-align: left; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Independent Claims</td> <td style="padding: 2px;">[5] - 3** =</td> <td style="padding: 2px;">[2] x</td> <td style="padding: 2px;">[78] = [156]</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="5" style="text-align: left; padding: 2px;">Multiple Dependent    [] = []</td> </tr> <tr> <td colspan="5" style="text-align: left; padding: 2px;">** or number previously paid, if greater, For Reissues, see below</td> </tr> <tr> <td colspan="2" style="text-align: left; padding: 2px;">Large Entity</td> <td colspan="2" style="text-align: left; padding: 2px;">Fee Description</td> <td style="text-align: left; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Fee Code (\$)</td> <td style="padding: 2px;">Fee Code (\$)</td> <td style="padding: 2px;">Fee Description</td> <td style="padding: 2px;">Fee Description</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">103</td> <td style="padding: 2px;">18</td> <td style="padding: 2px;">203</td> <td style="padding: 2px;">9</td> <td style="padding: 2px;">Claims in excess of 20</td> </tr> <tr> <td style="padding: 2px;">102</td> <td style="padding: 2px;">78</td> <td style="padding: 2px;">202</td> <td style="padding: 2px;">39</td> <td style="padding: 2px;">Independent claims in excess of 3</td> </tr> <tr> <td style="padding: 2px;">104</td> <td style="padding: 2px;">260</td> <td style="padding: 2px;">204</td> <td style="padding: 2px;">130</td> <td style="padding: 2px;">Multiple dependent claim, if not paid</td> </tr> <tr> <td style="padding: 2px;">109</td> <td style="padding: 2px;">78</td> <td style="padding: 2px;">209</td> <td style="padding: 2px;">39</td> <td style="padding: 2px;">**Reissue independent claims over original patent</td> </tr> <tr> <td style="padding: 2px;">110</td> <td style="padding: 2px;">18</td> <td style="padding: 2px;">210</td> <td style="padding: 2px;">9</td> <td style="padding: 2px;">**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4" style="text-align: right; padding: 2px;"><b>SUBTOTAL (2)</b></td> <td style="padding: 2px;">(\$)[156.00]</td> </tr> </table> |                             | 1. BASIC FILING FEE  |                            | Fee Description  |                            | Fee Paid             | Large Entity    | Small Entity | Fee Code (\$) | Fee Code (\$) |     | 101 | 690                                 | 201                      | 345 | Utility filing fee [690.00] | 106 | 310 | 206  | 155                      | Design filing fee | 107 | 480 | 207 | 240                       | Plant filing fee         | 108 | 690   | 208 | 345   | Reissue filing fee                     | 114                      | 150 | 214  | 75  | Provisional filing fee | <b>SUBTOTAL (1)</b>                                      |                          |     |        | (\$)[690.00] | Fee From |   | Fee Description          |     | Fee Paid | Total Claims | [16] - 20** = | [] x   | [] = []                  |     | Independent Claims | [5] - 3** = | [2] x | [78] = [156]                                     |                          | Multiple Dependent    [] = [] |     |     |     |  | ** or number previously paid, if greater, For Reissues, see below |     |       |     |     | Large Entity                                     |                          | Fee Description |       |     | Fee Code (\$) | Fee Code (\$)                                    | Fee Description          | Fee Description |     | 103 | 18  | 203              | 9                        | Claims in excess of 20 | 102 | 78  | 202 | 39                                     | Independent claims in excess of 3 | 104 | 260 | 204 | 130 | Multiple dependent claim, if not paid | 109                      | 78  | 209   | 39  | **Reissue independent claims over original patent | 110   | 18                       | 210 | 9   | **Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2)</b> |                                  |                          |     | (\$)[156.00] | 3. ADDITIONAL FEES |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 1. BASIC FILING FEE  |                             | Fee Description  |                            | Fee Paid   |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| Large Entity   | Small Entity                | Fee Code (\$)  | Fee Code (\$)              |  |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 101  | 690                         | 201  | 345                        | Utility filing fee [690.00]  |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 106  | 310                         | 206  | 155                        | Design filing fee  |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 107  | 480                         | 207  | 240                        | Plant filing fee   |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 108  | 690                         | 208  | 345                        | Reissue filing fee   |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 114  | 150                         | 214  | 75                         | Provisional filing fee   |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| <b>SUBTOTAL (1)</b>  |                             |  |                            | (\$)[690.00]   |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| Fee From   |                             | Fee Description  |                            | Fee Paid   |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| Total Claims   | [16] - 20** =               | [] x   | [] = []                    |  |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| Independent Claims   | [5] - 3** =                 | [2] x  | [78] = [156]               |  |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| Multiple Dependent    [] = []  |                             |  |                            |  |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| ** or number previously paid, if greater, For Reissues, see below  |                             |  |                            |  |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| Large Entity   |                             | Fee Description  |                            |  |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| Fee Code (\$)  | Fee Code (\$)               | Fee Description  | Fee Description            |  |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 103  | 18                          | 203  | 9                          | Claims in excess of 20   |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 102  | 78                          | 202  | 39                         | Independent claims in excess of 3  |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 104  | 260                         | 204  | 130                        | Multiple dependent claim, if not paid                                      |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 109  | 78                          | 209  | 39                         | **Reissue independent claims over original patent                          |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 110  | 18                          | 210  | 9                          | **Reissue claims in excess of 20 and over original patent                  |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| <b>SUBTOTAL (2)</b>  |                             |  |                            | (\$)[156.00]   |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
|  |                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: left; padding: 2px;">Large Entity Fee Code (\$)</td> <td style="width: 10%; text-align: left; padding: 2px;">Entity Fee Code (\$)</td> <td style="width: 10%; text-align: left; padding: 2px;">Small Entity Fee Code (\$)</td> <td style="width: 10%; text-align: left; padding: 2px;">Entity Fee Code (\$)</td> <td style="width: 10%; text-align: left; padding: 2px;">Fee Description</td> <td style="width: 10%; text-align: left; padding: 2px;">Fee Paid</td> </tr> <tr> <td style="padding: 2px;">105</td> <td style="padding: 2px;">130</td> <td style="padding: 2px;">205</td> <td style="padding: 2px;">65</td> <td style="padding: 2px;">Surcharge - late filing fee or oath</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">127</td> <td style="padding: 2px;">50</td> <td style="padding: 2px;">227</td> <td style="padding: 2px;">25</td> <td style="padding: 2px;">Surcharge - late provisional filing fee or cover sheet</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">139</td> <td style="padding: 2px;">130</td> <td style="padding: 2px;">139</td> <td style="padding: 2px;">130</td> <td style="padding: 2px;">Non-English specification</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">147</td> <td style="padding: 2px;">2,520</td> <td style="padding: 2px;">147</td> <td style="padding: 2px;">2,520</td> <td style="padding: 2px;">For filing a request for reexamination</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">112</td> <td style="padding: 2px;">920*</td> <td style="padding: 2px;">112</td> <td style="padding: 2px;">920*</td> <td style="padding: 2px;">Requesting publication of SIR prior to Examiner's action</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">113</td> <td style="padding: 2px;">1,840*</td> <td style="padding: 2px;">113</td> <td style="padding: 2px;">1,840*</td> <td style="padding: 2px;">Requesting publication of SIR after Examiner's action</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">115</td> <td style="padding: 2px;">110</td> <td style="padding: 2px;">215</td> <td style="padding: 2px;">55</td> <td style="padding: 2px;">Extension for reply within 1<sup>st</sup> month</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">116</td> <td style="padding: 2px;">380</td> <td style="padding: 2px;">216</td> <td style="padding: 2px;">190</td> <td style="padding: 2px;">Extension for reply within 2<sup>nd</sup> month</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">117</td> <td style="padding: 2px;">870</td> <td style="padding: 2px;">217</td> <td style="padding: 2px;">435</td> <td style="padding: 2px;">Extension for reply within 3<sup>rd</sup> month</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">118</td> <td style="padding: 2px;">1,360</td> <td style="padding: 2px;">218</td> <td style="padding: 2px;">680</td> <td style="padding: 2px;">Extension for reply within 4<sup>th</sup> month</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">128</td> <td style="padding: 2px;">1,850</td> <td style="padding: 2px;">228</td> <td style="padding: 2px;">925</td> <td style="padding: 2px;">Extension for reply within 5<sup>th</sup> month</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">119</td> <td style="padding: 2px;">300</td> <td style="padding: 2px;">219</td> <td style="padding: 2px;">150</td> <td style="padding: 2px;">Notice of Appeal</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">120</td> <td style="padding: 2px;">300</td> <td style="padding: 2px;">220</td> <td style="padding: 2px;">150</td> <td style="padding: 2px;">Filing a brief in support of an appeal</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">121</td> <td style="padding: 2px;">260</td> <td style="padding: 2px;">221</td> <td style="padding: 2px;">130</td> <td style="padding: 2px;">Request for oral hearing</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">138</td> <td style="padding: 2px;">1,510</td> <td style="padding: 2px;">138</td> <td style="padding: 2px;">1,510</td> <td style="padding: 2px;">Petition to institute a public use proceeding</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">140</td> <td style="padding: 2px;">110</td> <td style="padding: 2px;">240</td> <td style="padding: 2px;">55</td> <td style="padding: 2px;">Petition to revive - unavoidable</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">141</td> <td style="padding: 2px;">1,210</td> <td style="padding: 2px;">241</td> <td style="padding: 2px;">605</td> <td style="padding: 2px;">Petition to revive - unintentional</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">142</td> <td style="padding: 2px;">1,210</td> <td style="padding: 2px;">242</td> <td style="padding: 2px;">605</td> <td style="padding: 2px;">Utility issue fee (or reissue)</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">143</td> <td style="padding: 2px;">430</td> <td style="padding: 2px;">243</td> <td style="padding: 2px;">215</td> <td style="padding: 2px;">Design issue fee</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">144</td> <td style="padding: 2px;">580</td> <td style="padding: 2px;">244</td> <td style="padding: 2px;">290</td> <td style="padding: 2px;">Plant issue fee</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">122</td> <td style="padding: 2px;">130</td> <td style="padding: 2px;">122</td> <td style="padding: 2px;">130</td> <td style="padding: 2px;">Petitions to the Commissioner</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">123</td> <td style="padding: 2px;">50</td> <td style="padding: 2px;">123</td> <td style="padding: 2px;">50</td> <td style="padding: 2px;">Petitions related to provisional applications</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">126</td> <td style="padding: 2px;">240</td> <td style="padding: 2px;">126</td> <td style="padding: 2px;">240</td> <td style="padding: 2px;">Submission of IDS</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">581</td> <td style="padding: 2px;">40</td> <td style="padding: 2px;">581</td> <td style="padding: 2px;">40</td> <td style="padding: 2px;">Recording each patent assignment per property (times number of properties)</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">146</td> <td style="padding: 2px;">690</td> <td style="padding: 2px;">246</td> <td style="padding: 2px;">345</td> <td style="padding: 2px;">Filing a submission after final rejection</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">149</td> <td style="padding: 2px;">690</td> <td style="padding: 2px;">249</td> <td style="padding: 2px;">345</td> <td style="padding: 2px;">For each additional invention to be examined (37 CFR 1.129(b))</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td colspan="5" style="text-align: left; padding: 2px;">Other fee (specify) _____</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td colspan="5" style="text-align: left; padding: 2px;">Other fee (specify) _____</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table> | Large Entity Fee Code (\$) | Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Entity Fee Code (\$) | Fee Description | Fee Paid     | 105           | 130           | 205 | 65  | Surcharge - late filing fee or oath | <input type="checkbox"/> | 127 | 50                          | 227 | 25  | Surcharge - late provisional filing fee or cover sheet | <input type="checkbox"/> | 139               | 130 | 139 | 130 | Non-English specification | <input type="checkbox"/> | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | <input type="checkbox"/> | 112 | 920* | 112 | 920*                   | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 113 | 1,840* | 113          | 1,840*   | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 115 | 110      | 215          | 55            | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 116 | 380                | 216         | 190   | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 117                           | 870 | 217 | 435 | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/>  | 118 | 1,360 | 218 | 680 | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 128             | 1,850 | 228 | 925           | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/> | 119             | 300 | 219 | 150 | Notice of Appeal | <input type="checkbox"/> | 120                    | 300 | 220 | 150 | Filing a brief in support of an appeal | <input type="checkbox"/>          | 121 | 260 | 221 | 130 | Request for oral hearing              | <input type="checkbox"/> | 138 | 1,510 | 138 | 1,510   | Petition to institute a public use proceeding | <input type="checkbox"/> | 140 | 110 | 240   | 55                  | Petition to revive - unavoidable | <input type="checkbox"/> | 141 | 1,210        | 241                | 605 | Petition to revive - unintentional | <input type="checkbox"/> | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) | <input type="checkbox"/> | 143 | 430 | 243 | 215 | Design issue fee | <input type="checkbox"/> | 144 | 580 | 244 | 290 | Plant issue fee | <input type="checkbox"/> | 122 | 130 | 122 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 123 | 50 | 123 | 50 | Petitions related to provisional applications | <input type="checkbox"/> | 126 | 240 | 126 | 240 | Submission of IDS | <input type="checkbox"/> | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | <input type="checkbox"/> | 146 | 690 | 246 | 345 | Filing a submission after final rejection | <input type="checkbox"/> | 149 | 690 | 249 | 345 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="checkbox"/> | Other fee (specify) _____ |  |  |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  |  |  | <input type="checkbox"/> |
| Large Entity Fee Code (\$)   | Entity Fee Code (\$)        | Small Entity Fee Code (\$)   | Entity Fee Code (\$)       | Fee Description  | Fee Paid                   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 105  | 130                         | 205  | 65                         | Surcharge - late filing fee or oath  | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 127  | 50                          | 227  | 25                         | Surcharge - late provisional filing fee or cover sheet                     | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 139  | 130                         | 139  | 130                        | Non-English specification  | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 147  | 2,520                       | 147  | 2,520                      | For filing a request for reexamination                                     | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 112  | 920*                        | 112  | 920*                       | Requesting publication of SIR prior to Examiner's action                   | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 113  | 1,840*                      | 113  | 1,840*                     | Requesting publication of SIR after Examiner's action                      | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 115  | 110                         | 215  | 55                         | Extension for reply within 1 <sup>st</sup> month                           | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 116  | 380                         | 216  | 190                        | Extension for reply within 2 <sup>nd</sup> month                           | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 117  | 870                         | 217  | 435                        | Extension for reply within 3 <sup>rd</sup> month                           | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 118  | 1,360                       | 218  | 680                        | Extension for reply within 4 <sup>th</sup> month                           | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 128  | 1,850                       | 228  | 925                        | Extension for reply within 5 <sup>th</sup> month                           | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 119  | 300                         | 219  | 150                        | Notice of Appeal   | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 120  | 300                         | 220  | 150                        | Filing a brief in support of an appeal                                     | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 121  | 260                         | 221  | 130                        | Request for oral hearing   | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 138  | 1,510                       | 138  | 1,510                      | Petition to institute a public use proceeding                              | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 140  | 110                         | 240  | 55                         | Petition to revive - unavoidable   | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 141  | 1,210                       | 241  | 605                        | Petition to revive - unintentional   | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 142  | 1,210                       | 242  | 605                        | Utility issue fee (or reissue)   | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 143  | 430                         | 243  | 215                        | Design issue fee   | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 144  | 580                         | 244  | 290                        | Plant issue fee  | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 122  | 130                         | 122  | 130                        | Petitions to the Commissioner  | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 123  | 50                          | 123  | 50                         | Petitions related to provisional applications                              | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 126  | 240                         | 126  | 240                        | Submission of IDS  | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 581  | 40                          | 581  | 40                         | Recording each patent assignment per property (times number of properties) | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 146  | 690                         | 246  | 345                        | Filing a submission after final rejection                                  | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| 149  | 690                         | 249  | 345                        | For each additional invention to be examined (37 CFR 1.129(b))             | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| Other fee (specify) _____  |                             |  |                            |  | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| Other fee (specify) _____  |                             |  |                            |  | <input type="checkbox"/>   |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |
| * Reduced by Basic Filing Fee Paid   |                             | SUBTOTAL(3) (\$)   |                            | [ ]  |                            |                      |                 |              |               |               |     |     |                                     |                          |     |                             |     |     |  |                          |                   |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |                        |  |                          |     |        |              |          |   |                          |     |          |              |               |  |                          |     |                    |             |       |  |                          |                               |     |     |     |  |   |     |       |     |     |  |                          |                 |       |     |               |  |                          |                 |     |     |     |                  |                          |                        |     |     |     |  |                                   |     |     |     |     |                                       |                          |     |       |     |   |   |                          |     |     |   |                     |                                  |                          |     |              |                    |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |                           |  |  |  |  |                          |                           |  |  |  |  |                          |

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|-------------------|---|--------------------------|------------------|----------------|
| SUBMITTED BY      |   | Complete (if applicable) |                  |                |
| Name (Print/Tpye) | Jeffrey V. Bamber   |                          | Registration No. | 31,148         |
| Signature         |  |                          | Telephone        | (513) 634-2727 |
| Date              |   |                          | 9/20/00          |                |

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